| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | MW | | 02.08.01 |
| O.I.P.E. CLASSIFIER | | | 7/17 |
| FORMALITY REVIEW | TT | 1112 | 8/22/01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

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| ✔ ................................ Rejected | | N ................................ Non-elected |
| = ................................ Allowed | | I ................................ Interference |
| — (Through numeral)... Canceled | | A ................................ Appeal |
| ÷ ................................ Restricted | | 0 ................................ Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
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| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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